

1. Name and address of organization providing or sponsoring the activity (not the name of person applying):

4. Date(s) and location(s):

- ☐ satellite/microwave
☐ video presentation
☐ audio presentation

- other: _____
(specify)

- | total pages | loose leaf | bound |
|-------------|------------|-------|
| 10 | 10 | 10 |
| 20 | 20 | 20 |
| 30 | 30 | 30 |
| 40 | 40 | 40 |
| 50 | 50 | 50 |
| 60 | 60 | 60 |
| 70 | 70 | 70 |
| 80 | 80 | 80 |
| 90 | 90 | 90 |
| 100 | 100 | 100 |

- ____before program ____at program ____other: _____
(specify)

- Time schedule (if available)
- Table of contents, brochure, course outline, course description, or equivalent
- Faculty name(s) and credentials (if not in brochure or description)
- An explanation as to how this course is germane to this

profession _____

e. Is this course required for your continued employment? _____

f. Education application fee of **\$40.00**

11. Total minutes of instruction, not including breaks, meals, or introductions:

12. Approval by other states:

Granted by: _____

Denied By (state reasons): _____

13. Submitted by: _____

Name of Person Applying (type or print)

Name of Organization (if applicable)

Address

City State Zip Code

Signature Date

BOARD USE ONLY

Course Number _____

☐ Approved for _____ continuing education credits.

☐ Disapproved. Reason for disapproval _____

Signed: _____
CE Committee Member